MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
MEAL COUNT

CENTER	WEEK OF	**KEY** B-Breakfast, 1-1st Snack, L-Lunch, 2-2nd Snack, D-Dinner

PARTICIPANT'S NAME	CODE	SUNDAY DATE					MONDAY DATE					TUESDAY DATE					WEDNESDAY DATE					THURSDAY DATE					FRIDAY DATE					SATURDAY DATE					TOTALS				
		B	1	L	2	D	B	1	L	2	D	B	1	L	2	D	B	1	L	2	D	B	1	L	2	D	B	1	L	2	D	B	1	L	2	D	B	1	L	2	D
Total Meals Coded **X**																																									
Total Meals Coded **Y**																																									
Total Meals Coded **Z**																																									

CACFP-225A